



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000047645 1. Entity Name A PLACE FOR WOMEN IN PASCO COUNTY, INC.	
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Principal Place of Business % SHIELA BAHN, MD 38030 DAUGHTERY RD. ZEPHYRHILLS, FL 33540	Mailing Address % SHIELA BAHN, MD 38030 DAUGHTERY RD. ZEPHYRHILLS, FL 33540
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DO NOT WRITE IN THIS SPACE



05082008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3727619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAHN, SHIELA
 38030 DAUGHTERY RD.
 A PLACE FOR WOMEN IN PASCO COUNTY
 ZEPHYRHILLS, FL 33540

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

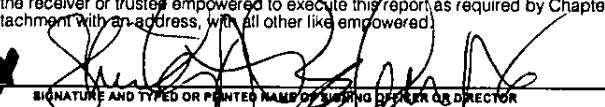
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAHN, SHIELA A MD
STREET ADDRESS	38030 DAUGHTERY RD.
CITY-ST-ZIP	ZEPHYRHILLS, FL 33540
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 06/04/08-80092-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  5/16/08
SIGNATURE AND TYPED OR PRINTED NAME OF SUBSCRIBING OFFICER OR DIRECTOR Date Daytime Phone #